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Strategic Communication Campaign To Build Effective Relationships

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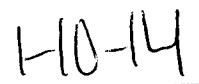
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A Strategic Communication Campaign

to Build Effective Relationships

(TITLE)

BY

Lauren Kluge Padillo

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

Master of Arts

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

2013

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Creative Thesis:

A Strategic Communication Campaign to Build Effective
Relationships

Lauren Kluge Padillo

Eastern Illinois University

Acknowledgments

This project would not have been possible without the dedicated faculty and staff at Eastern Illinois University, my family & my boss at Advocate Health Care, Diane Pidgeon.

I would like to thank my family and especially my husband for being so supportive throughout this process.

I would also like to thank my boss and mentor at Advocate Health Care, Diane Pidgeon. Diane has been an invaluable person of support and guidance thorough this process. She has helped with setting up meetings, feedback and just being a listening ear throughout this project.

I cannot put into words the gratitude I have for Dr. Matthew Gill for working with the Graduate School to get the extension that I needed for this project to be complete. This would not have been possible without you!

I would like to thank the members of my Thesis Advisory Committee Dr. Brian Sowa & Dr. Mark Borzi for having such a passion for teaching and education that helped me and other students continue on with their goals and achievements through undergraduate and graduate school.

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Not to mention their hard work and valuable feedback with this project.

Finally, I would like to thank my Thesis Advisor Dr. Melanie Mills for keeping me on track and being a trusted confidant and friend during this whole process. Her advice, feedback, expertise and opinion have been beyond valuable during this process. This entire project has taught me skills that I will use the rest of my personal, educational and professional career. Thank you from the bottom of my heart for everything. This would not have been possible without you.

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Abstract

This creative thesis discusses a strategic communication campaign that will help build effective relationships with the use of several communication strategies and marketing plans. I used our department's move to a new location as an opportunity to initiate dialogue to solve communication problems that are currently an issue. A brochure was developed as a tool that can be later used for reference. The project was successful and did bridge the communication gaps. Based on the success of the project, we will continue to use the literature and make visits to our internal and external customers.

A Strategic Communication Campaign to Build Effective Relationships

This project focused on some current communication problems in my department at work. We most recently moved, we used the move as the reason to address the communication issues. I created a marketing plan that addresses issues for both internal and external customers.

Some background information, I currently work in the Workers' Compensation department for Advocate Health Care. Advocate is a health system located in Illinois that has 10 hospitals and hundreds of offices. Advocate Health Care employs over 30,000 employees, including 6,000 affiliated physicians. The clients of the people that I work with include employees that get injured on the job. It could be anything from a trip or slip, to a strain or sprain or broken bones. Once a person is injured and has a compensable claim, I am the liaison among the following parties: associate, associate's manager, human resources, insurance company, medical case manager and other medical professionals. I bridge all of the communication gaps and act as the communication hub for all these constituents. Naturally, the injured worker will have lots of questions and concerns regarding their status, payroll checks, job

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and treatment for getting better. The manager is concerned with staffing and when the injured worker will be coming back to work. Human Resources is responsible sending out appropriate paperwork with job guarantee and medical benefit information (if the associate carries medical benefits) and posting/filling job if the associate is off work for an extended period of time. The insurance company is responsible for issuing TTD & TPD (temporary and total disability or temporary partial disability) checks to the injured worker as well as paying all of the medical bills. The nurse case manager can be assigned to difficult cases and goes to the injured worker's appointment and coordinates all medical care. Finally, the last and the most important group are the medical providers. This group of people is anyone and everyone who provides medical care to our injured worker.

Our communication issues have been very consistent over the years. Our biggest problem that I am going to address is the link between the medical providers and our office. A big communication problem for our department is getting the information we need about the injured worker. I need this information to move the associate's claim along. The information is anything we are expecting that we don't

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receive. This could be anything from a physical therapy order to a work status. There are two populations of these people who contribute to this communication gap. They include an internal group and an external group.

Internal Group

The internal group consists of all of our Employee Health and Occupational Health facilities. The difference between Employee Health and Occupational health is: Employee Health treats employees only while Occupational Health treats employees in addition to other company's injured workers. When an associate is injured it is their responsibility to complete the *Employee Report of Occupational Injury or Illness* (appendix A) and then go to Employee/ Occupational Health or the Emergency Room (during non-business hours) to have their injury evaluated. The job of Employee / Occupational Health is to medically evaluate the injured worker, provide a work status, write orders and give the injured worker a pharmacy card to get a 10 day supply of prescriptions ordered (appendix B) and the workers' comp info sheet (appendix C). When all of the information has been distributed to the injured employee, it is the responsibility of Employee/ Occupation Health to fax our department all the information including the

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completed and signed *Employee Report of Occupational Injury or Illness* (appendix A). From there the associate's next steps are to contact me and their manager to see if the work status can be accommodated. When the injured worker contacts me, I am determining if their claim is compensable, answering questions and making sure they have everything they need PT or Treatment Approvals (appendix D).

One of the main issues is the injured worker isn't getting the information they should from the Employee/Occupational Health locations. Our Employee Health/Occupational Health is our face to face link with the employee, so they should be taking advantage of the face to face communication and answering questions. An good example of this would be, "I just ordered physical therapy for you, so give Lauren in Workers' Compensation a call and she will get everything set up for you." I think everyone is taking advantage of the fact that they think everyone else is distributing this information, when the actual reality is, that no one is! Since the Employee Health and Occupation Health are part of the Advocate System you would think there would be little to no problem. It's sad to say that they are part of our biggest problem. The employee

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gets the medical treatment and sometimes the required information that they need. Often our department does not get the faxed information for hours and sometimes days, so the process is initiated late. I know this happens frequently due to overworked staff and not being organized or knowing how our process works. It is possible that they take for granted what an important piece they are in the puzzle. The injured worker needs all of these things immediately and it's hard to do what they need if our department doesn't have all the required information.

The current process isn't working, Employee and Occupational Health is not faxing me what I need to get the work injury claim started. I don't get the injury report with work status or I get it one piece at a time, resulting in multiple phone calls. It is a very exhausting process for all parties involved. This should be a very easy to fix because this is not difficult information to process. As part of the plan the process was explained from beginning to end; focusing on the parts that Employee Health/ Occupational Health play a crucial role in and the significant impact it has on everyone involved. For example, reminding the staff and MDs they have all of the interaction with the patient and any information that will

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be passed on to us will be useful. Then give an opportunity for the participants to give feedback.

Since technology has changed a lot in the past couple of years, it seemed like a good opportunity to use that to our advantage. For example it might be easier for them to scan and e-mail me the requested information rather than fax it. There is less of a delay and you get a bounce back email, if the e-mail is undeliverable. I discussed this with all the leaders of the Employee Health and Occupational Health sites but didn't get very far, since every office doesn't have the same technology. For consistency purposes I need to have the same process for every site. They can also offer opportunities of improvement for me because they have direct face to face contact with the associates.

External Group

The external customers are a bit of an easier population, because they require authorization prior to the associate coming in for an appointment. They already have all the information that is needed prior to the appointment. The external population that we are focusing on includes some of the big orthopedic groups. One of the main issues with the external groups is that they don't

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understand Advocate's process. A common trend I am seeing is a doctor will dispense a bottle of medication for \$850.00 or send the injured worker home with an expensive piece of durable medical equipment and bill our office \$27,000.00. These distributed items are very expensive without authorization. Prescription medications and tens units, (which are little machines that provides electrodes to stimulate muscles that are injured) are the most frequent items I see without the authorization from our department. An office that is concerned about getting reimbursed will call and check to see if they can directly dispense the unit. Usually, when they call, I use our vendors pricing to negotiate the price. Most of the time the office is agreeable with this arrangement and the transaction moves forward. These items are very expensive and we have vendors in place to offer us the best price possible. So it is very hard for our department not to assume that these practices are in place for the groups own financial gain. Since Advocate Health Care is such a large organization, we are very big customers to some of the groups. Once a more personal relationship is established, it will be a lot easier to prevent some of these things from happening. It will be a relationship of mutual

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congruence where we both benefit from the rules that we set and agree on.

Plan

The plan was to create a marketing campaign to present to our internal and external customers. I re-educated our internal customers and visited our external customers, which was a first for me and the department. There was presentation along with updated communication and a brochure (appendix E) explaining our program. I visited some locations internally and a few of our bigger customers. There was some strategy on how the sites were chosen. I chose to go the sites that were our most problematic sites. I still plan on using nurse case managers to deliver the brochures to the smaller providers that I didn't have an opportunity to reach. The smaller groups could always use a little more education since they don't see that many Workers' Compensation patients. The brochure will be able to hung or pulled out as a reference for how our program is run. My goal is to be able to build stronger relationships with the people we already work with over the phone and e-mail and be able to put a name with face.

Plan for Internal Customers

Since there is already an established relationship, a time was scheduled that worked for everyone. I planned on starting off with introductions and questions. "Issue framing and campaign communication are often vehicles for surfacing some of the toughest choices in organizing campaigns, and the goal is to identify these decisions for front end deliberation and planning. Framing and developing messages for your efforts can reveal fundamental considerations in strategy, organizational identity and campaign tactics" Minch (2005). Since I already knew the main issue is not getting the information we need in a timely manner, I went straight into the process and how everything works together and how everyone's job is a very important part of whole process and big picture. During the presentation I encouraged the audience to add in steps or ask questions along the way. This makes the audience feel like it is their process as well and helps reinforce that we are all on the same team. The focus of the presentation was very positive and focusing on the future not the on the mistakes made in the past. The message focused on a team goal and how every piece fits into the puzzle. The materials used were the brochure and Workers'

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Compensation info sheet. Since we would be taking away from clinical hours of work, we wanted this to be brief yet effective. No more than 30 minutes to an hour. This was not our decision but a business decision, overtime is not permitted and any of the time we would take up is taking away from our injured workers medical treatment.

While crafting the short presentation message & brochure content, I used Albrecht and Bach's Model of Stages in the Innovative Decision Process (pp224-225). The main channels we had to account for were knowledge and persuasion. I planned on being in a break room, where there wouldn't be an opportunity to have a formal presentation.

Plan for External Groups

This presentation was a little more formal, because I wanted our process to be known and adopted by the external groups we work with frequently. I scheduled a meeting with the appropriate people. In some offices this was: The business development manager, W/C Specialist, or the physician's secretary. It depended on how that particular office is structured. Once I got to the office I went over how the process works from everything to insurance to durable medical equipment. This way there was an

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opportunity for open dialogue and to raise any concerns that might come up in the past. I felt that being face to face I was able to read the other person's body cues. It also should show the external group how important a relationship is to me. An example of a concern that could be addressed is an unpaid bill, timeliness of bill payment. Once the office had a clear picture of how the department runs our program, it was very easy to set reasonable expectations and work better as a team. I know that current offices are just creating practices that just work better for what they do. Hopefully having the perspective of how our program is run persuaded them to reformulate the way that they do business so that it meets their customer's needs as well. Everyone is in business because of their customers, so it is in everyone's best interest to adopt the process as I described to them.

Strategic & Organizational Communication

Elder states "Strategic communication means massing information among all agents of public information at a critical time and place to accomplish a specific objective" (2007). My objective was to educate and build a relationship with our medical providers. There are several steps that are essential to having a positive outcome of

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organization change. The change agent, who was me, is the person in charge of carrying out the changes that are needed. I guided, facilitated and accessed the changes throughout this entire project. The end goal was to be constantly developing and enhancing the current relationships in order to make our business transactions more successful for all parties. This was done by having successful communication and a better relationship to make a phone call if you have a quick question. "The notion of pipelines refers to the temporary clusters that occur when business people and professionals meet at trade fairs, exhibits, conventions, congress and conferences. These short lived hotspots of intense knowledge exchange network building and idea generation"(Maskell et al. 2005:2) represent important occasions face to face communication. If they repeat frequently, as indeed is the usual case, they can afford for future collaboration" (Biggiero, 2006, pp 443-471). This is a very important factor. I see our business contacts at least a few times a year at luncheons and conferences and there is always mutual ideal exchange to better improve policies and procedures for things. These conferences are usually educational which naturally brings up the topic of collaborating new ideas and promoting change.

In Graff's (2010) study about doing Systemic Training Systemically: Evaluating, Responding and Expanding, it shows that all listeners draw different conclusions from the same presentation. As a trainer/ presenter I had to be sensitive about the information discussed that different people will take different lessons from the presentation (Graff, 2010, pp26-45).

"Communication and competition are the connective tissues of modern democracy. Nearly every democratic institution seeks to resolve some collective choice problem by dividing the responsibilities of governing among branches of the government, elites and the public, candidates and the electorate, advocates and the judges, lobbyists and legislators and experts and decision makers. These divisions do not- indeed cannot- eliminate collective choice problems" (Miozzi, 2012, pp. 309-337). The message was created for a particular audience and where they are located in the division of how their office is set up. Every office has a structure of reporting and people that make decisions and it was our goal to reach out to the people that have the authority to get the information to the people that make decisions. An example of this would be to set up the meeting with a person who has the

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authority to make decisions and update their process so that it works for all parties involved.

"Strategic communication is one of the central organizing concepts for this study as it describes the organizational efforts through communication to adapt and respond to its social ecology" (Ahmad, 2013, pp 40-47). It is important to remember that "strategic communication is recognized as a multidisciplinary, it remains in the heart of the practice of public relations and directed the management of communications on behalf of the organization" (Ahmad, 2013, pp 40-47). Eder (2007) has a different opinion of strategic communication, "massing information among all public agents of public information at a critical time and place to accomplish a specific objective. It avoids destructive effects of mixed message the result from not massing information. Dribbling out mixed, unsynchronized information instead of massing the release of unequivocal messages backed by a substantial body of facts is especially destructive during times of crisis" (pp 61-70).

For a brief moment I thought about using social media, but after reading a study on public relations and the focus on digital media I decided not to. Geyer- Semple's project demonstrated that "digital media is used for pleasure not

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business" (Geyer-Semple, 2012, pp37-44). This study just supported my reasons not to include digital and social media. The goal was to create a clear strategic message about how our program is run, not have followers on Facebook or Twitter.

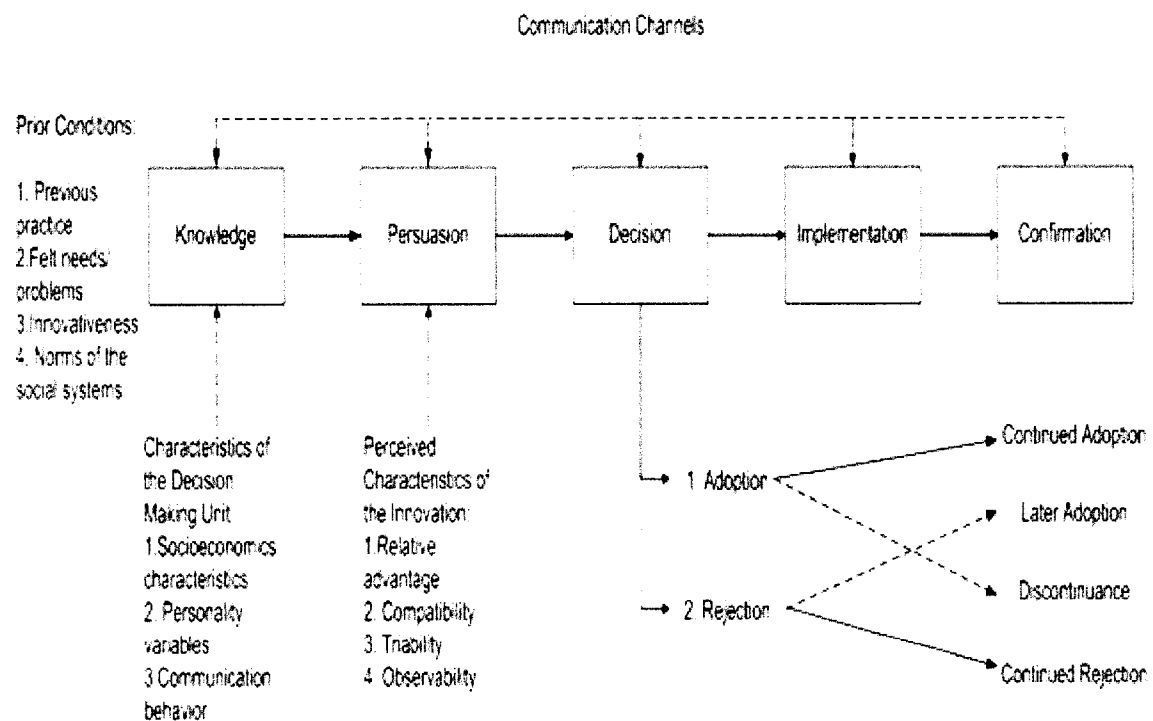
I also considered using email as a tool in our campaign as a quick way of delivering a message but decided against it because it might create an information overload. This is consistent with Hill (2007) who found that, "Participants requested the use of electronic email for updates but then reported being overloaded by messages. Some participants did not read the entire message, and many non-participants routinely deleted the messages without even opening them" (pp 1-14). No one likes to open their email box to a ton of messages that may not be important to you.

Moffett (2011) suggests that, campaign messages can be developed two ways. "First by understanding the broad cultural environment in order to understand the detailed message components produced within a culture or second, by analyzing the precise message designs of campaign messages in order to understand the broader global environment" (pp 21-41). When I was creating the message it was very

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important to put myself in the targeted audience's shoes. I felt the message needed to be clear, uncluttered and to the point.

In order to create a clear strategic message there are several important components as stated by Albrecht and Bach (p224-225). The Model of Stages in the Innovative Decision Process is below:



This model was used when creating the message for the campaign and when developing the brochure.

All these steps were very important in the decision making process when creating the message for the campaign. The more knowledge and dialogue about processes that is

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shared between the groups will benefit both parties. For example, if we know the doctor's office's practice, then we can expect what we need or knowing who in advance who our point of contact will be very helpful for all parties.

Another example would be if Dr. X sees patients from 8-Noon and 2:00 to 4:00 p.m. and his secretary faxes info after the last appointment at Noon and 4:00 p.m. Then we will know that if our associate's appointment is at 2:30 p.m., we shouldn't be expecting the information before 4:00 p.m., or the next morning. When coming up with the content for the brochure the information about our program was going to be the main focus with the following topics: Policy, Process, Self Insured, Nurse Case Management, Pharmacy Program, Durable Medical Equipment, Physical Therapy& Diagnostic Imaging & The Transitional Work Program. The goal is so the knowledge can be referenced at a later point if necessary. I made the decision based on experience of the content that would be used in the brochure. I started as if the audience had a basic understanding in Workers' Compensation and then typed everything out as if they knew nothing about the way our department's program was run.

Once I got all of the knowledge on the table, I would be persuading my audience to get on board with our process.

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For example, a lot of external providers have been ignoring our process for their own financial gain. Through the educational/knowledge process, the provider learns how to navigate our process and better serve their patients. I informed them that our department will no longer be paying the bills for dispensed medication and durable medical equipment without authorization. If the provider doesn't get on board with our process, it will negatively affect their bottom line profits as I will no longer be paying the bills and they will be giving away products for free. I also persuaded them to get on board with our program by letting them know that expenses are not approved and will not be paid.

During the decision phase, it was my hope that both our internal and external customers would get on board with our program. I expected little to no push back from the internal and external customers. If they were not on board it would affect the providers negatively. It is a shared goal with all parties that we have a good relationship, so that business can continue.

Throughout implementation, I would be able to determine very quickly if our process has been adopted or rejected. If a provider chooses to reject our process, I

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will enforce the stance that the approval states. I am no longer paying for unauthorized dispensing and the provider will be stuck with the unpaid balance. Under the Workers' Compensation Act the office can't bill the patient or their group insurance so this bill will just continue to be unpaid.

I also used this model as I created the message & the content for the brochure. I first came up with the list of all of our prior conditions and my entire audience base. This brochure needed to be created for the groups that are following our process and for the groups that are not following our process. For the knowledge piece of the brochure I assumed that my audience knew nothing about our program so we would start out with the policy and process and then go add the pieces that might be useful; such as being self-insured, and information about nurse case managers, our pharmacy program, durable medical equipment and approvals. I also wanted the doctors to know that we offer restricted duty to associates that are not quite ready to return to their full duty job. This is what Advocate calls a "Transitional Work Program". I also decided it was a good idea to have included a lot of information regarding the program. This way the medical

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provider can see how we have a vested interest in getting the associate back to work. At times some of our injured workers do not provide these details because they want to stay off work. Once all of this knowledge is given to the office we are hoping to persuade them to follow our program. Then a decision is made, it will be accepted or rejected.

Visiting the Internal Groups

To implement the program I visited two internal sites. The internal sites were Advocate BroMenn Occupational Health and Advocate Illinois Masonic Employee Health. The first visit was with Advocate BroMenn Medical Center. I met with the director of all the physicians and his staff. The preparation and tools for this meeting included: workers' compensation info sheet, business cards, and the brochure. The first part of the program was a meet and greet and to establish a favorable tone by engaging in casual conversation. Then I asked if they had any feedback for us. The feedback was what I expected, people (injured workers) were complaining about the response time of return phone calls. This was the best feedback I could have anticipated, because it brought us right into the conversation. I am unable to call our injured workers back

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if I don't have the information from their office.

Everyone in the room was ready to listen. In order for us to work more efficiently as a team I need to get all in the information directly following the appointment. This way I am able to start working the claim. I went over the steps from front to back with our process and explained what an important piece their office was in our puzzle. I answered questions along the way and gave vivid examples of specific claims that that the staff had worked with to explain the importance of their role and getting me what I needed in a timely matter. To close the presentation I asked if there were any more questions and there were not.

The second visit was to Illinois Masonic Medical Center. I had arranged a time to visit with the staff before patients. The preparation and tools for this meeting included: workers' compensation info sheet, business cards and the brochure. This meeting was shorter and down to business. I didn't have that much time for a casual conversation. I started with asking for feedback. There was no feedback to be shared. I started to talk about the brochure that was going to be given to our external customers. I explained the brochure and went over our process of how I work a claim from start to finish. I

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stressed the role that their department played in this process and how it important it was for them to get the information to our department in a timely manner. I went over a few specific claims linking the role of employee health into the claim review. I could tell the linking the specific claims to our process helped connect what I was saying. I could see light bulbs going off and could tell it by the questions that were being asked that they understood the connections.

Visiting the External Groups

I visited two external sites, one located in Oak Lawn, and the other located in Chicago. I am not going to include the names of the groups because I didn't disclose this was for a project at the time of the presentation.

The visit to an Oak Lawn Orthopedic group was arranged with the Workers' Compensation representative. I let my contact know I would be stopping by with our new billing information. I asked if she wanted me to come at a specific time or date and she simply gave me her working hours. I stopped in during working hours. I had some copies of bills, the approval that was provided from our office that corresponds with the bills, an example of the pharmacy card and the brochure with the new billing

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address. I started with the brochure that goes over our program and explained that we have vendors in place for the items they are dispensing. I then showed her the bills with outrageous amounts of charges. I explained that our approval doesn't cover these charges and moving forward we are not going to pay these types of bills. I then asked if there were any other questions about the way our program was run and how our bills get paid. She said no, and she was sorry she didn't catch that on the approval.

The second visit was to an Orthopedic Group in Chicago. The meeting was set up with this particular group's physician's secretary. She said she would meet with me for a few minutes on her lunch break. I wanted to be mindful of her lunch break so I just dropped off the brochure. I added in a reminder that the quicker we had the orders the quicker we could work the claim and get the associate's treatment moving along. I asked her if she had any questions, she said no, but added that the brochure was very helpful and explained things from her prospective. She gave me her word that she would work directly with me if she had questions in the future.

Outcomes and Conclusions from the Internal Sites

There was nothing but positive feedback that my boss received about the internal visits. She said the presentations from both offices were very helpful. There was nothing negative to add. The highlights included that the staff members liked the examples that were provided that helped explain how their work affects our work and vice versa. It helps put things into perspective of how every piece of the puzzle relates back to effective and strategic communication and a how to solve a problem. The department is now getting the information that we need much quicker than in the past. I have opened the door for dialog and to ask a question(s) instead of just making a decision. The department feels a stronger connection to their part in the process. The Workers Compensation information sheet and business card is being given out to almost every injured worker.

Outcomes and Conclusions from the External Sites

I really wasn't able to obtain feedback from the external sites that I visited other than what was received in person. I made the determination that it went very well based on the non verbal feedback that was received. Once the bills start coming in, I plan on following up with the

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offices. One thing I will look for is to see if we continue to get billed for dispensed medications and durable medical equipment without authorization. So far over a month and half after the visits we have not received any bills for unauthorized items. The feedback that was exchanged in person was very valuable. It seemed to be very positive and mutual. Both of the parties have stake in maintaining a positive business relationship. One thing to take account in moving forward in this process specifically is to be mindful of the external group's time. The people that are willing to meet with me have very limited times schedules. I think the best approach moving forward is to try and arrange a time for a 5-10 minute meeting (more if they will give us that) and to just drop off the brochure and do a quick explanation of how the program will be run moving forward. It was very helpful to have copies of the bills and approvals to show examples of things that have slipped through the cracks. These examples show the external customers that our department has been catching the mistakes and that we have a vested effort in working together in a more effective communication relationship and the end goal is to work better a team. This way everyone wins, our injured worker is getting the medical care they need and I am able to provide the authorizations to move

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the process forward and keep the process going. It shows that I care about the work and the relationships that we have in place. If the external customer has more questions about our process and the way we do things, it will be their choice if we stay longer. The last thing we want to do is give the impression that the external customer's time isn't valuable.

Conclusions for the Project

"Successful trainees will take care of their own learning at some point and some way; they will deliberately expose themselves to challenging situations, discover their own limits and competencies, and reflect on their own experience" (Graff, 2010, pp 26-45). I felt this was a great quote that summed up this entire project for me. By completing this project, I have solved a major problem at work. It felt so great to be applying communication theory to my current job and creating a solution to a problem.

In the project we visited four sites, two external and two internal. Since all of the feedback has been positive and it has enhanced our working relationships with these groups, I am going to continue on with the project throughout 2014, starting with visiting the rest of our internal sites to improve and enhance our working

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relationships. I will also visit and work with our external groups to get billing matters straightened out and create an environment for open dialogue and suggestions to work better.

Some things that I took away from this whole experience are to know when people value face to face communication vs. email or telephone. When delivering a critical message, the message is more valued face to face. It shows that you took the time and value the importance in a clear message. It also shows that you have an investment in working together to achieve a goal. When a person is engaging in face to face communication you can visualize semantics and see if your listener understands and how they interpret your message. Another take away is having a better working relationship with your internal and external customers makes your work day a lot easier and less frustrating. There are fewer communication gaps which makes the process a lot easier for all parties from start to finish.

This has been an invaluable learning experience for me both personally and professionally. I feel fortunate to be given the authority at work to implement change for the better. I feel that this was positive experience for all

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parties involved and look forward to the future to working with internal and external groups to enhance our working relationships.

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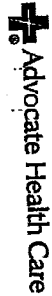
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Appendix A



- | | | |
|--|--|--|
| <input type="checkbox"/> Advocate Support Center | <input type="checkbox"/> Good Samaritan Hospital | <input type="checkbox"/> South Suburban Hospital |
| <input type="checkbox"/> Brookfield Medical Center | <input type="checkbox"/> Good Shepherd Hospital | <input type="checkbox"/> Trinity Hospital |
| <input type="checkbox"/> Christ Medical Center | <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Advocate Health Center |
| <input type="checkbox"/> Condell Medical Center | <input type="checkbox"/> Illinois Masonic Medical Center | <input type="checkbox"/> Advocate Medical Group |
| <input type="checkbox"/> Eureka Hospital | <input type="checkbox"/> Lutheran General Hospital | <input type="checkbox"/> Other _____ |

Employee Report of Occupational Injury or Illness

INSTRUCTIONS: This form is to be completed by Injured Employee, Physician and Supervisor and returned to Occupational Health or Worker's Compensation Department within twenty-four (24) hours of incident. (Falsification of information on this report will be cause for disciplinary action leading to or including termination of employment.)

Date of Injury/Illness _____ Time of Injury/Illness _____ a.m. p.m. Location of accident/exposure _____ Home Phone _____

Employee's Name _____ (First, Middle, Last) Social Security No. _____

Home Address _____ (No. Street Apt. No.) _____ (City/Town) _____ (State) _____ (Zip Code) _____

Date of Birth _____ Sex ☐ F ☐ M Date Hired _____ Cost Center _____

Job Title _____ Supervisor Phone Number _____

Employee's immediate supervisor at time of accident _____

Part of Body Injured: _____

Describe in detail the nature of the injury/illness, including how accident happened: _____

COMPLETE BELOW ONLY IF INJURY WAS A NEEDLESTICK OR OTHER BLOODBORNE PATHOGEN EXPOSURE:

Body Fluid(s) involved (blood, sputum, saliva): _____ Is source patient known? ☐ Yes ☐ No Source patient MR# _____

What personal protective equipment were you wearing? ☐ gloves ☐ mask ☐ goggles ☐ none ☐ other _____

Body Part Injured/Exposed ☐ finger ☐ hand R/L ☐ arm R/L ☐ face/head (including mouth and eyes) ☐ other _____

Sharp Involved Type _____ Brand _____ Model _____

Safety Engineered? ☐ Yes ☐ No ☐ Don't Know Was mechanism activated? ☐ Yes ☐ No ☐ Don't Know When did injury occur? ☐ before activation ☐ during activation ☐ after activation

I authorize any physician, surgeon or other person who has treated or examined me or whom I have consulted for any purpose, and any hospital, clinic, or institution at which I have been treated, examined, or confined, to communicate with Advocate Health Care or their designated representatives, verbally or in writing, any and all information concerning my disability, a condition or treatment. A photocopy of this authorization shall be as valid as the original.

Signed _____ Date _____ Signed _____ Date _____
(Employee) (Supervisor)

Obtain following information from emergency room or occupational health personnel

I, the undersigned, ☐ refuse medical treatment for this work-related injury/ ☐ refuse medical treatment at an AHC facility, choosing to receive treatment from a medical provider of my choice.

Signed _____ Printed name and location of attending physician: _____ Treatment _____

Employee's Immediate Status: ☐ Returned to Work ☐ Sent Home ☐ Hospitalized Employee referred to Occupational Health? ☐ Yes ☐ No
(Attending Physician) Date _____

Signed _____ Return to Occupational Health or Worker's Compensation Department within twenty-four (24) hours

WHITE Workers Compensation CANARY Occupational Health/Employee Health

Appendix B

Instant Coverage Prescription Drug Program

How Does This Program Work?

Your employer has chosen Modern Medical to provide you with your pharmaceutical needs due to an injury-related claim.

This program enables you to fill prescriptions prescribed by your physician for your injury-related claim. This program does not guarantee certification of a work-related claim or cover prescriptions not related to your injury.

How Much Medication Will I Receive?

You will be restricted to a limited supply determined by your employer until your injury has been reviewed. If your claim is accepted, your medication supply will be based on your physician's treatment plan.

How Do I Use This Program?

1. Take your injury-related prescription to your nearest pharmacy. Please see back for a partial listing of participating pharmacies. If you do not see your pharmacy, please call (800) 547-3330 and ask for the Pharmaceutical Services Department.
2. By presenting this brochure to your pharmacist, it ensures correct billing information to obtain your first fill of your injury-related medications.
3. You will be asked to sign the pharmacy's signature log acknowledging receipt of your prescriptions.
4. Should you or your pharmacist have any questions regarding this program, please call Modern Medical at (800) 547-3330, Monday through Friday, 7:30 a.m. to 9 p.m. EST.

Common Chains Participating in the Pharmacy Network

Walgreens
CVS
Rite Aid
Wal-Mart
Publix Super Markets
Albertsons
Fam Fresh
Access Health
Kroger
Target
Pharmacy Express
Leader Drug Stores
K-Mart
Ahold
The Medicine Shoppe
Family Care
Long's Drug Stores
Costco
Bashas
Harris Teeter
Kerr Drug
Winn-Dixie Stores
Mejor Value
RxPride
Safeway Pharmacies
True Care
King Soopers
Mediway Pharmacies
Fred's Pharmacy
Brookshire's
Albertsons / Sav-On
Raley's
Hammill Brothers
Hy-Vee
Ingles Markets

Aurora Pharmacy
Brookshire Brothers Food & Pharmacy
Save Mart Supermarkets
Shopto Stores
Bi-Lo Pharmacy
Food Lion
Glant Eagle Pharmacies
Olson Pharmacies
Life Check
United Supermarkets
Smith's Pharmacy
The Vons Companies
Sav-Mor Drug Stores
Paykon Plaza Pharmacy
Kash M'Kerry
Supervak
Perimart
Mellor
J.H. Harvey
Tom Thumb Randall's Food & Drug
Wiegans
Pamida Pharmacy
Northeast Pharmacy Services
Kinney Drugs
Bioscrip
Spartan Stores
U Save Pharmacy
Randall's Food & Drug
Foodrama Supermarkets
Unity Pharmacies
City Market
Thrifty White
Super D Drugs
K-WAT Food Stores
Medicine Chest Pharmacies

Please call (800) 547-3330 for additional participating pharmacies.

Instant Access Card For Your First Prescription Fill



Instant Coverage Prescription Program for your injury-related claim	
Name:	
Member#:	C965397
Employer:	ADVOCATE CONDELL MEDICAL CENTER
Group#:	B1620
RxBIN:	610011
RxPGN:	IRX
Customer Service:	(800) 547-3330



*Revised 7-1-11

Appendix C



Advocate Health Care

3075 Highland Parkway, Suite 600 || Downers Grove, IL 60515 || T 630.929.8199 || advocatehealth.com

Workers Compensation

ADVOCATE HEALTH CARE WORKERS COMPENSATION PROCESS ASSOCIATE CHECK LIST

- The completion of the Employee Report of Occupational Injury or Illness (Form #HR053) is required. This form must be signed by yourself and your manager or immediate supervisor. This form must also be completed by the end of the shift you were working on the date you were injured.
- You are strongly encouraged to be medically evaluated at an Advocate Employee Health Center, Occupational Health Center, or Advocate Emergency Room. You may also be seen by a physician of your own choice. You have a right to only 2 physicians of your own choice.
- Time for physical therapy appointments and appointments with the physician you chose to treat with is not paid by Workers Compensation. You will need to use PTO time for this. This does not apply to Employee Health or Occupational Health visits.
- Call your Workers' Compensation Claims Analyst for all medical service and test approvals. We have preferred vendors for physical therapy, diagnostic tests such as MRI's, CT scans and EMG's, and all pharmacy services.
- It is your responsibility to communicate your current work status to your home cost center manager and to your Workers Compensation Claims Analyst.

PLEASE CONTACT:

Lauren Padillo
Workers Compensation Claims Analyst
3075 Highland Parkway
Suite 600
Downers Grove, IL 60515
630-929-8174
630-929-9814 (fax)
Lauren.Padillo@advocatehealth.com

Appendix D



Advocate Health Care

3075 Highland Parkway, Suite 600 || Downers Grove, IL 60515 || T 630.929.8199 || advocatehealth.com

Workers Compensation

WORKERS COMPENSATION- APPROVAL FOR TREATMENT

Date:

To:

Company:

Phone:

Fax:

From: LAUREN PADILLO, CLAIMS ANALYST
ADVOCATE HEALTH CARE, WORKERS COMPENSATION DEPT.
3075 HIGHLAND PARKWAY, 4TH FLOOR
DOWNERS GROVE, IL 60515
Lauren.Padillo@advocatehealth.com
PHONE: 630-929-8174 FAX: 630-929-9814

Employee/Patient:

DOB:

Phone:

Claim #:

Injury Type/dx:

Date of Injury:

Approval Detail:

***Any referrals for diagnostic testing (except for x-rays) or treatment referrals (such as for pain management or physical therapy) require additional approval. Supporting documentation including orders may be faxed to 630-929-9814.**

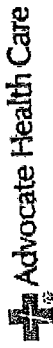
Billing Instructions: Advocate Health Care is self-insured. Please send claims to Advocate Workers Compensation at the above address. Please include the claim number and the date of injury on all claims. Supporting medical records are required for bill payment. All bills are paid subject to the Illinois Medical Fee schedule or PPO contract, whichever applies and is lower. All services are also subject to utilization review as outlined in the Illinois Workers Compensation Act.

Prescriptions: Please be advised that prescriptions cannot be dispensed from the physician's office. Bills for this service will be denied. Please issue a written prescription to the employee for any medication prescribed.

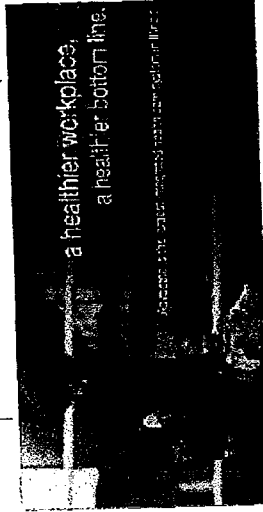
Advocate Health Care has a comprehensive Transitional Work Program and can accommodate restrictions.

Important: This message is intended only for the use of the addressee and may contain information that is privileged, confidential and prohibited from disclosure under applicable law. If the reader of this communication is not the intended reader, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this notice in error, please notify us immediately by telephone and destroy the fax that you have received.

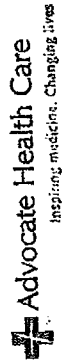
Appendix E



Workers' Compensation Program



Phone: 630-929-8199



Inspiring medicine. Changing lives.

Advocate Health Care
Workers' Compensation Department
3075 Highland Parkway
Suite 600
Downers Grove, IL 60515

Phone: 630-929-8199
Fax: 630-929-9814
prsc-workerscomp@advocatehealth.com

Program Overview/ & Contacts

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Lauren.Padillo@advocatehealth.com

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Kimberly.Salazar@advocatehealth.com

Joan Schoenstene, W/C Claims Analyst
P: 630-929-8175
Joan.Schoenstene@advocatehealth.com

Appendix E (continued)

Policy

It is the policy of Advocate Health Care (Advocate) to provide full coverage of all necessary medical expenses to any associate who is involved in an injury or illness arising out or in the course of employment. Wage replacement for unworked days due to a worked related injury or illness will be paid as an average weekly wage as stated in the Illinois Workers' Compensation Law and the Federal Occupational Disease Act. All injuries and illnesses covered by this policy follow the requirements for the Illinois Workers' Compensation Law.

Process

When an associate is injured on the job they are to complete an injury report and be seen by one of our Employee Health / Occupational Health Clinics or the Emergency Department during closed hours. Once the associate makes contact with our department it is their choice if they continue treating with Employee/ Occupational Health or if they choose to see their own physician. Typically, our Employee/ Occupational Health treats the injury for about 30 days before they are referred on to a specialist.

The Advocate Workers' Compensation Department takes care of all the approvals and bridges the communication gaps between the associate, medical provider & insurance company.

Self Insured

Advocate Health Care has a self insured program that is administered by Gallagher Bassett Services. There is a dedicated team that works with Advocate associates.

Nurse Case Management

In some cases a Nurse Case Manager will be assigned to the file to help with the medical case management of the claim.

Pharmacy Program

All of our injured workers have access to pharmacy cards that allow them to have their prescriptions filled at a location convenient to them.

Durable Medical Equipment

Please contact our office for authorization regarding any durable medical equipment. We have vendors in place.

Physical Therapy/ & Diagnostic Imaging

We strive to use Advocate Health Care facilities for items such as physical therapy and diagnostic imaging.

Transitional Work Program

The Advocate Health Care Transitional Work ("TW") Program is committed to taking reasonable measures to provide temporary job assignments to associates who are temporarily unable to perform all of the essential functions of their regular job due to disability, as defined in the Advocate Health Care the Illinois Workers' Compensation Act ("Act").

In making TW assignments, the Workers' Compensation Department will take into consideration the associate's medical restrictions (as documented by a treating physician), the expected duration of the restrictions, the associate's training, education and experience and the availability of suitable temporary work. TW may include any of the following: job restructuring, reduced hours, or reduced production requirements, among other things.

The TW Program is designed to expedite the associate's return to work by enabling the associate to continue rehabilitation while maintaining a connection to the workplace support system and while continuing to receive the regular pre-disability pay rate as opposed to the reduced pay under the Act.